Together For Kids and Families

Medical/Dental Home
Work Group Meeting Summary
Thursday, November 13, 2014

Attendees: Kim Carpenter (presenter), Jessica Ball, David Brown, Kathy Karsting, Shelley Konopasek, Tiffany Mullison, Amanda Clark, Nina Baker, Samantha Kusek, Tom Rauner, Charles Craft, Mai Dang (reporting)

Welcome & Introductions: Co-chair Nina Baker welcomed attendees; all present made introductions.

Review Meeting Summary from September 11, 2014
The group accepted the Meeting Summary as presented.

Guided Learning
Kim Carpenter, Behavioral Health Education Center, UNMC, discussed with the group about Trauma-Informed Care for young children and trauma-informed care in dentistry.

- **Background**: Kim is a trauma survivor herself. Kim has been working on trauma-informed care and post-traumatic stress disorder for the last 12 years. Kim serves on the Board of NE Coalition for Women's Treatment, developing treatment standards for women with addiction. In 2004, the organization started Trauma-Informed NE, assessing behavioral health services statewide and developing trainings on this topic. Its applications now extend outside behavioral care into schools systems, immigration attorney offices, domestic violence etc. Overall, trauma-informed care is applicable to medical settings, including dental care. Kim recently started working as an independent contractor to do training for the Behavioral Health Education Center (BHECN) out of UNMC.
- **Oral health**: Info on trauma-informed care in dental care is very limited, mostly to adult care. Websites provide basic tips on working with children, but not with trauma kids.
- **Traumatic events**: According to the definition of the Substance Abuse and Mental Health Services Administration (SAMHSA), *individual trauma results from an event(s) that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.* It is a universal assumption that most people, adults as well as children, have some sort of history of traumatic events in their life, and that we need to create services that are trauma sensitive.
- **Trauma-informed care** is to generalize an approach to create a universal safety throughout services that, regardless of what service you are offering, the patient can have an environment to receive services in a safe way. It is very traumatic for children to go through intensive medical treatments/procedures.
- **SAMHSA Framework for Trauma-Informed Responses/Care:** Four 'R's: Realization, Recognize, Respond, Resist Re-traumatization. That is to understand how widespread the impact of the trauma is, understand potential paths for recovery, understand signs and

reactions and symptoms trauma survivors may have. Then, to respond by putting knowledge about trauma into procedures, policies and practices, and actively resists re-traumatization.

- **Dental care:** Sexually abused children can have difficulty tolerating certain aspects of facial and oral health care, body positions, proximity to service providers, smells, latex gloves, the position of the chair, dental equipment etc. Lots of triggers can occur in a dental care setting. They may feel like having no control over it, which replicates their memory of helplessness during the trauma. Things are very individualized, too. Children may cry, stay clingy, have heart or respiratory race, lose bladder control, or become aggressive. Therefore, people with a history of trauma would end up avoiding dental care. Total avoidance of dental care may take a toll later.
- **Trauma-informed care in a dental setting**:
    - We need to create a safer procedure, providing emotional safety for the patient;
    - Dentists/all staff be aware of typical reactions trauma survivors may have, and be knowledgeable that someone entering the clinic is nervous not because of seeing the dentist, but because the setting has the potential of replicating buried memories;
    - Providing regular trainings of basic knowledge of trauma;
    - Creating some predictability for trauma-surviving patients would be helpful to handle the situation during the procedure. Checking out patients' history of trauma, especially at intake time. Clarifying to them that you are asking about this because you are a trauma-informed practice. Using trauma notification cards.
    - Explaining the procedure up front. Establishing signals with patients so they can notify you when it is too difficult for them to continue. Prior to the procedure, practicing with patients strategies of mental distractions to calm them down (breathing, counting backwards, holding/squeezing a soft object). Stopping often to check on them.
- **Trauma notification cards**: They make it easy to start a conversation, especially for people without a mental health background. It gives the permission to have a discussion about trauma. People won't bring these things up unless they feel safe to do so.
- **Contact info**: Kimcarpenter5@gmail.com - 402-850-0301

Discussion:

- The history of a person usually won't be known until right before the injection. Talks are time-consuming, and there are interruptions. A lot of dentists are pressed for time, so most of time they have to reschedule the patient. Therefore, the cards are a good idea, especially if they are disseminated at intake time so dentists know how to approach the case. Many trauma-survivors wait until they have excruciating pain to rush to a dentist's, which creates a very uncomfortable situation for both the dentist and the patient. It is helpful for dentists to know about their patients' histories in advanced.
- Children with special health care needs may not have sufficient language to express their feeling/fear. It sometimes helps to hold a mirror for a child to see what a dentist is doing in his/her mouth. Practitioners need to be savvy and observant to body language.
- Team work can help: Dentists take care of teeth, and assistants provide emotional support.
- Trauma-safe environment: layout of the waiting room; helpful to create symbols of trauma-informed care at the dentist's.

Review of Work Plan: Nina guided the group to fine tune the Work Plan and priorities.

Nina suggested a list of activities for the group to decide which ones should be done as by the group altogether, and which ones should be done individually and reported back to the group. For example, Nina can work on family information from her office, and report her accomplishments to the group.

a. Family-centered medical home: We need recommendations to promote this area. The medical-home brochure needs revisions: who is the target audience? Initially, the brochure was supposed to talk to all – doctor offices, families … However, families don't have much input in what doctor's offices do, so brochures are more for doctors than families. Is there a need/purpose for such a brochure? We may need something for physicians to make things accessible for medical home, and something else usable for families. Education should be directed at physicians to have more welcoming, friendly, informed practices, and as a result engage families more. Families' concerns about medical choices are very simple: would they take my insurance, are they close to home, do they have schedules that fit my life?

b. Family-centered dental home:
    i. Is this a part of the medical home brochure? There is an overlap between dental medical home and early care education.
    ii. Sometimes, people see their dentist more than their doctor. So if info on medical home and dental home is presented together, it could help families get a better idea of integrated services.
    iii. Not all payers accept reimbursement for a dental visit of young child.

c. Trauma-informed care approaches for dental practice: Contact Kim for more info?

d. Approach to inventory and survey of medical home approaches: The National Initiative for Children's Healthcare Quality Improvement, NICHQ, has info on medical home.

e. Approaches for Goal 2.1:
    i. Amanda indicated it is beneficial to send kids' home with permission slips in many languages because Lincoln has refugee populations. That would increase the return rate of permission slips. Right now her materials are in English and Spanish. Suggestions were made for Amanda to contact Community Health Centers or the Center for People in Need for language assistance.
    ii. Limited number of dentists statewide taking in new patients. The National Hygienist Association is introducing two new billing codes, but not all managed care programs accept them.
    iii. NE doesn't have enough hygienists and dentists out there to replace the aging population of dental service providers. There has been proposals to extend roles of dental assistants and dental hygienists.
    iv. According to Jessica Ball, the Office of Oral Health is looking for more funding to support local/community outreach to 0-8 population.

f. Dental health promotion messages for MCO newsletters

Early Childhood Comprehensive Systems Update – Tiffany Mullison

- Communication with Medicaid regarding dental health screening: Tiffany will meet with Medicaid personnel in early December to share recommendations of TFKF Mental Health Workgroup, looking at screening tools. Info will be used to determine what screening tool is being used in the Pediatrics Medical Home.
- Report on Title V Needs Assessment: This is a statewide survey every 5 years. This year, the stakeholder meeting was just launched in October, divided into 5 subgroups. NE will have their reporting done in July 2015.

Updates and Sharing from Members

- Kathy, DHHS, shared that Heather Leschinsky, Medicaid, is willing to return to this meeting for more discussion should the group is interested in exploring more topics in Medicaid.
- Nina, PTI NE, shared that her office is in the process of writing a new federally-funded grant for the F2F (Family to Family Health Information Center). Nina asked for the permission to email the group on writing a basic MOU supporting the grant.
- David Brown, UNMC, notified that the next Mission of Mercy day is the first Friday of February 2015
- Jessica Ball, Office of Oral Health, reported that the work on the Draft of State Dental Health Plan has progressed. The team is now reviewing the plan of 16 out of 26 states that have a dental health plan, and researching data from agencies statewide. We will lay out a framework of focused areas, showing a need for a surveillance system of oral services in the state, then set up the surveillance system. On a separate note, the four community programs funded by the Office of Oral Health started in Nov 1st.
- Amanda Clark, College of Dentistry in Lincoln, commented that this year urgent care went down at almost every school served, which is very inspiring. Prevention is working.
- Tom Rauner, Office of Rural Health, reported that the federal designation branch is down to develop a new designation management system, hopefully to open back up in December. This office applied for and received one federal loan repayment program. They are able to give out 5-6 loan repayments. They try to target federal shortage areas, serving the underserved, and under significant loan repayment amounts. If people apply to other funds and don't get it, this office can fit them into here.

Next Meeting – *January 08th, 2015*

Meetings 2015: 2nd Thursday - January 8, March 12, May 14, July 9, September 10, November 12.

The meeting was adjourned with thanks to all for attending and participating.